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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 05500-00148-US																								
Application Number	10/538,130-Conf. #1355	Filed June 29, 2006																								
<p>For FERTILE TRANSPLASTOMIC LEGUMINOUS PLANTS</p>																										
Art Unit	1638	Examiner A. R. Kubelik																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; padding: 5px;"></th> <th style="text-align: center; padding: 5px;">Fee</th> <th style="text-align: center; padding: 5px;">Small Entity Fee</th> <th style="text-align: right; padding: 5px;">\$</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center; padding: 5px;">\$130</td> <td style="text-align: center; padding: 5px;">\$65</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center; padding: 5px;">\$490</td> <td style="text-align: center; padding: 5px;">\$245</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center; padding: 5px;">\$1110</td> <td style="text-align: center; padding: 5px;">\$555</td> <td style="text-align: right; padding: 5px;">\$ 980.00 (130.00 previously paid)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center; padding: 5px;">\$1730</td> <td style="text-align: center; padding: 5px;">\$865</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center; padding: 5px;">\$2350</td> <td style="text-align: center; padding: 5px;">\$1175</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> </tbody> </table>				Fee	Small Entity Fee	\$	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	_____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	_____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 980.00 (130.00 previously paid)	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	_____
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<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-2775</u>.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																										
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,712</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p>																										
<u>/Liza D. Hohenschutz/</u> Signature		<u>April 6, 2009</u> Date																								
<u>Liza D. Hohenschutz</u> Typed or printed name		<u>(302) 658-9141</u> Telephone Number																								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																										